latter well brushed, rinsing the hands in a weak solution of carbolic acid or Condy's fluid, especially after attending a case of infectious disease; and, whenever convenient, the hands and nails should be attended to before examining a labour case. It is a matter for some consideration whether too much has not been expected from individual remedies; possibly, when the nature of fever poison becomes more clearly demonstrated, as also the several actions of the various disinfectants, by a happy combination of them in the same way that we should prescribe a full purge, corroborative evidence would abundantly spring up, and convert the process of disinfection into a science, instead of theory and speculation, and were it for no other reason than simply to promote cleanliness, strict observance of the patient, also the comfort of those in attendance, especially the amount of confidence and justifiable feeling of security felt by surrrounding relations and friends. Even as faith will often save a patient's life, it will produce a less susceptibility to the poison, and thus ensure a greater immunity from danger by removing that fear which is so disastrous to both sick and healthy.

CASE OF AORTIC EMBOLISM.

By JAMES REID, M.A., M.B.

THE following case is interesting, as well from its comparative rarity as from the complete demonstration afforded by a *post mortem* examination of the way in which death was caused.

At one o'clock one morning, I was called in haste to see an old man who had been suddenly taken ill. On reaching the house, I found him dead. Up to an hour and a-half before his death, he was apparently in his usual health; and he was sitting up in bed reading, when he was suddenly seized with excruciating pain in the region of the heart. He repeatedly said to his friends that he felt he was dying, and kept moaning very much. He was covered with perspiration, felt chilly, and complained of the pain getting more violent till he fell down in bed dead, consciousness being retained to the end. Such was the account given by his relatives.

The patient had been under no regular attendance by a medical man, though one day, about a week before, he attended at the Paddington Dispensary as an out-patient. His symptoms at that time were somewhat obscure; and, though the medical officer suspected heart mischief, still nothing definite was made out.

The cause of death could be determined only by a *post mortem* examination, which accordingly was made on the third day after death. On the chest being opened, the lungs were found to be comparatively healthy, though slightly congested. The pericardium was adherent throughout; and the adhesions, though pretty firm, could be broken down by the fingers, except at one point on the surface of the left ventricle, where they had to be cut through. The heart was considerably enlarged; its substance extremely fatty, and very friable and soft. Both sides contained a little blood, but neither was gorged. In the left wall of the left ventricle, at a point corresponding to where the pericardium was so adherent outside, was a small cavity. Its surface was smooth, though unequal; and it was formed at the expense of the muscular tissue of the ventricle, which had here almost entirely disappeared, and become transformed into, or been replaced by a tough fibroid substance so thin that a slight opening had been made through it in cutting the adhesion of the pericardium outside. Loose in the left ventricle, and lying at the aortic orifice, was found a fibrinous concretion of a semicartilaginous consistency, and evidently of some standing. Its shape was irregularly oval, with one side cut off longitudinally; the surface, though studded with irregularities, was smooth, except the flattened side, which was more roughened.

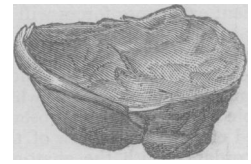
On this body being compared with the cavity in the wall of the left ventricle, the two were found to correspond closely, the one fitting accurately into the other, and leaving the flat side free. The valvular apparatus of the heart was healthy, with the exception of the aortic valves, where there were slight traces of ossification; one of the semilunar flaps being also partially adherent to the lining membrane of the aorta. The liver was large and fatty, and the kidneys were slightly lobulated and granular. The other abdominal organs seemed quite healthy, and there were no traces of any noxious substance in the stomach. The brain was found to be in a normal condition. There was little congestion, and no trace of blood-clots. The quantity of serum in the ventricles was rather in excess.

The cause of death was evidently more or less complete occlusion of the aortic orifice by the fibrinous embolon found there.

This body (which has been preserved) weighs fifty-five grains, and measures one inch and one-fifth in its longest diameter, four-fifths of an inch transversely, and half an inch in depth. On being cut transversely, it shows a laminar arrangement, having been evidently formed by successive deposition.

The accompanying rude drawing (actual size) will give an idea of its appearance.

The most striking feature in the examination was the close cor-



respondence of the embolus with the shape of the cavity in the wall of the ventricle, the fitting being so accurate as to leave no doubt that the one had been formed in the other, and for some time been lodged there.

It seems more than probable that some time ago the fibres of the left ventricular wall had partially given way under some sudden action of the heart, being unable from their extremely softened and fatty condition to resist the strain put upon them. More or less subacute inflammation had thus been set up, leading to the appearances described, the part where the fibres gave way forming a cardiac aneurism. The outer wall of the aneurism had become of a fibroid nature, fused with the pericardium at that point as stated, and interposed a very thin barrier between the blood in the heart and the left pleural cavity. In the aneurismal sac fibrin had been gradually deposited from the blood, forming, as it were, a complete cast of the cavity, and remaining for a time *in situ*, till, at last becoming dislodged, it was carried by the current up to the aortic orifice. Being unable to pass through, it blocked up the opening; and thus cut off, more or less completely, the supply of arterial blood to the whole system.

The date at which the rupture took place was probably recent. Assuming the pericardial adhesions to have been the result of it, the fact that they could, in the main, be easily broken down by the fingers pointed to a recent origin, as also did the fact that the fatty condition of the heart was probably thoroughly established before it took place.

On questioning the man's friends, I was informed that a short time before, while walking along the street, he was suddenly seized with extreme pain in the region of the heart, accompanied by excessive faintness. After a little, he revived, and was conveyed home. I am inclined to think that this must have been the occasion when the lesion in the ventricular wall took place. Ever since then, he had been complaining of uneasiness about the heart; but, beyond this and the breathlessness from which he had for long been suffering, there were no symptoms sufficiently urgent to make him seek medical advice. During this time the fibrin had been getting deposited in the aneurism, but without causing any marked symptoms, till it was detached an hour and a half before his death, when he was seized in the manner already described. The reason why death was not immediate may have been that the closure was not complete, or that the embolus was carried about in the cavity of the ventricle for some little time before it was finally impacted at the aortic opening.

ON THE MISCHIEFS ACCRUING TO INFANTS FROM CRANIAL PRESSURE DURING LABOUR.

By THOMAS RADFORD, M.D., etc.,

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THE injuries sustained by the infant, in consequence of long continued or violent pressure which the head very frequently sustains in its passage through the pelvis, during a tedious or difficult labour, or by the use of the forceps, has engaged my attention and consideration for a very long period of time (see Essays on various subjects connected with Midwifery; also Observations on the Cæsarean section, etc.); but I have never been acquainted with the very serious and grave consequences stated by Dr. M. Duncan, in a paper read before the Obstetric Medicine Section, at the Annual Meeting of the British Medical Association in London, August 1873, and now printed in the JOURNAL, page 456. That the delicate brain of the infant may sustain irreparable damage from compression it has to endure, even to the extent mentioned by this eminent obstetrician, such as "paralysis, epilepsy, imbecility, insanity." He says this mischief may happen "from the compression and shearing it undergoes, in what would be called a common moderately severe labour which terminates spontaneously; and there can be no doubt that more definite physical injury by instruments is still more likely to have such baneful consequences." The above statement may, on first